## PART B → FEE(S) TRANSMITTAL

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Scott A. Hatfield Myers Bigel Sibley 4140 PARKLAKE Suite 600	AVENUE	2 00000103 09464363		I S a t	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
Raleigh, NC 27612	11/08/2004 MAHMED	E 00000103 03			Carey Gre		(Depositor's name)	
	01 FC:1501 02 FC:8001				Comp Co		(Signature)	
•				November		3, 2004	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/464,363	12/15/1999	12/15/1999 DAVID R. IRVI				8194-364	7440	
TITLE OF INVENTION: M	IETHODS AND APPARAT	US FOR SELECT	IVE ENCRYPT	ΓΙΟΝ Α΄	ND DECRYPTION O	F POINT TO MULTI-POIN	IT MESSAGES	
APPLN. TYPE	SMALL ENTITY	ISSUE F	ISSUE FEE		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1 <del>230</del> 1370			\$0	\$ <del>1330</del> /370 11/26/2004		
EXAMINER		ART UNIT		CLA	ASS-SUBCLASS			
NOBAHAR, ABDULHAKIM		2132			713-162000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (	print or	type)			
PLEASE NOTE: Unless recordation as set forth, in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appea Γ a substitute fo	r on the	e patent. If an assign an assignment.	ee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) R				RESIDENCE: (CITY and STATE OR COUNTRY)				
Ericsson, Inc.			Researc	ch Tı	riangle Park	, NC		
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pate	ent):	☐ Individual <b>돈</b> Co	orporation or other private g	roup entity 🚨 Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of Fe					
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Advance Order - # of Copies 10 Deposit A					ber 50-0220	enclose an extra	copy of this form).	
5. Change in Entity Status  a. Applicant claims S	(from status indicated above MALL ENTITY status. See		☐ b. Applicar	nt is no	longer claiming SMAI	LL ENTITY status. See 37 (	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issuublication Fee (if required) vords of the United States Pate	ue Fee and Publica will not be accepted entrand Trademark					ation identified above. the assignee or other party in	
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Authorized Signature Typed or printed name \_

Robert W. Glatz

Registration No. \_ 36,811

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